

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213536351			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Financial Industry Regulatory Authority, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATE CREATIONS NETWORK INC 4445 CORPORATION LN 2ND FL VIRGINIA BEACH, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2013</p> <p>SCC ID NO: F1048430</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1735 K STREET, NW</p> <p style="margin-left: 40px;">CITY/ST/ZIP: WASHINGTON, DC 20006</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: GREGORY AHERN TITLE: EXEC VP ADDRESS: 1735 K STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20006 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GREGORY AHERN TITLE: EXEC VP ADDRESS: 1735 K STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20006	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: CAMERON FUNKHOUSER TITLE: EXEC VP ADDRESS: 1735 K STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20006	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			

NAME:	THOMAS GIRA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	1735 K STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	STEVEN J. RANDICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP & CIO		
ADDRESS:	1735 K STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	ROBERT A RENNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1735 K STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	THOMAS M SELMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	1735 K STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	GRACE B VOGEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	1735 K STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	RICHARD G KETCHUM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN/CEO		
ADDRESS:	1735 K STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	ROBERT COLBY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF LEGAL OFF		
ADDRESS:	1735 K STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	CARLO V. DI FLORIO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF RISK OFFI		
ADDRESS:	1735 K STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	LINDA D FIENBERG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHO		
ADDRESS:	1735 K STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	TRACY JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1735 K STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	JONATHAN S. SOKOBIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1735 K STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		

NAME:	GERALDINE M WALSH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1735 K STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	JED E BANDES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2963 GULF OF BAY BLVD		
CITY/ST/ZIP/CO:	CLEARWATER, FL 33759		
NAME:	CHARLES A BOWSHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4503 BOXWOOD ROAD		
CITY/ST/ZIP/CO:	BETHESDA, MD 20816		
NAME:	JOHN J BRENNAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 DEVON PARK DRIVE		
CITY/ST/ZIP/CO:	WAYNE, PA 19087		
NAME:	JAMES E BURTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1655 13TH AVENUE		
CITY/ST/ZIP/CO:	SACRAMENTO, CA 95818		
NAME:	KEVIN A. CARRENO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 SOUTH ORANGE AVENUE		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801		
NAME:	MARK S CASADY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	75 STATE STREET		
CITY/ST/ZIP/CO:	BOSTON, MA 02109		
NAME:	CAROL A. DAVIDSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4851 BONITA BAY BLVE		
CITY/ST/ZIP/CO:	BONITA SPRINGS, FL 34134		
NAME:	JOHN FX DOLAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	834 UPPER HOLLOW ROAD		
CITY/ST/ZIP/CO:	STOWE, VT 05672		
NAME:	W. DENNIS FERGUSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1489 W PALMETTO PARK RD		
CITY/ST/ZIP/CO:	BOCA RATON, FL 33486		
NAME:	GREGORY J FLEMING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1585 BROADWAY		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME:	HARVEY J GOLDSCHMID	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	435 WEST 116TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10027		
NAME:	WILLIAM H HEYMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	385 WASHINGTON STREET		
CITY/ST/ZIP/CO:	SAINT PAUL, MN 55102		
NAME:	DR. SHIRLEY ANN JACKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	110 EIGHTH STREET		
CITY/ST/ZIP/CO:	TROY, NY 12180		
NAME:	KEN NORENSBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	29 FROST LANE		
CITY/ST/ZIP/CO:	LAWRENCE, NY 11559		
NAME:	RICHARD S PECHTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 PARK AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		
NAME:	JOHN W SCHMIDLIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15 SPRINGCROFT ROAD		
CITY/ST/ZIP/CO:	FAR HILLS, NJ 07931		
NAME:	JOEL SELIGMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	240 WALLIS HALL		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14627		
NAME:	GARY H STERN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1727 HUMBOLDT AVENUE		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55403		
NAME:	KURT P STOCKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	630 ZUNI COURT		
CITY/ST/ZIP/CO:	TAOS, NM 87571		
NAME:	SETH H WAUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	60 WALL STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		
NAME:	JAMES D WEDDLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12555 MANCHESTER ROAD		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63131		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ ROBERT A RENNER	ROBERT A RENNER, VICE	8/5/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE
	PRINTED NAME AND CORPORATE TITLE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		